

National Vaccine Advisory Committee

Immunization Infrastructure Working Group (IIWG)
Draft Report & Proposed Recommendations

*Protecting the Public's Health: Critical Functions of the
Section 317 Immunization Program*

Discussion – Vote

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NVAC Members

- * Clem Lewin
- * Julie Morita
- * Charles Mouton
- * Amy Pisani
- * Litjen (LJ) Tan^
- * Catherine Torres^

Ex officio Members

- * Melinda Wharton, CDC
- * Amy Groom, IHS

Liaison Representatives

- * Claire Hannan, AIM
- * Kathy Talkington, ASTHO
- * Terry Dwelle, ASTHO
- * Anne Bailowitz, NAACHO
- * Paul Etkind, NAACHO

Staff

- * Kristin Pope, CDC
- * Candace Swartwood, CDC
- * Angela Shen, NVPO

^NVAC working group Co-Chairs

Background

- * Feb 2012: NVAC-IIWG was formed with the charge to outline the importance of establishing and maintaining the public health infrastructure
- * Jun 2012: Draft recommendations and a draft report were presented. The IIWG took comments and suggestions and revised the draft report/recommendations
- * Sept 2012: Proposed final report/recommendations (revised) for discussion and NVAC vote

Focus of draft report & recommendations

- * Contributions of the Section 317 Immunization (Section 317 Program) in support of establishing and maintaining the public health infrastructure
- * Section 317 is discretionary and therefore funding is set through annual appropriations process and funding is not guaranteed from year to year
- * New opportunities and challenges to the immunization system in light of the Affordable Care Act – Critical time to reexamine and strengthen the Section 317 program's role in immunization infrastructure

More than just vaccine purchase

- * Section 317 has evolved:
 - * with the introduction of new vaccine and immunization recommendations and
 - * the changing health care landscape.
- * Section 317 provides the majority of federal support for national, state, and local immunization systems and the workforce necessary to implement a comprehensive immunization program.

Conclusions & Proposed Recommendations

Conclusion 1 [condensed from full text]

- * Herd or community immunity is achieved when high vaccination coverage rates stop transmission. Achieving high population coverage rates cannot be accomplished with vaccine alone.
- * The Section 317 Immunization Program supports the public health systems and workforce at the local, state, and national levels that are essential to meeting national immunization goals for children, adolescents, and adults and is much more than a program that can purchase vaccines.
- * Recent erosion of the Section 317 budget authority for core immunization activities and the use of other funding streams, such as the Prevention and Public Health Fund (PPHF) to fill funding gaps pose a risk to the stability of the immunization workforce and systems at the national, state and local levels. Although a valuable resource for filling public health needs, sources such as PPHF may be unstable or redirected based on other priorities.

Conclusions & Proposed Recommendations

Recommendation 1

- * NVAC recommends that the Section 317 Immunization Program be sustained to assure a strong public health infrastructure necessary to achieve and sustain high vaccination coverage and low disease burden among the civilian population in the United States.

Conclusions & Proposed Recommendations

Conclusion 2

- * Over the past years, appropriations for the Section 317 Program has not kept pace with the increasing demand. Estimates of the Section 317 funding necessary to assure a comprehensive immunization program at the state and national levels is a useful tool to fully inform policy and decision-makers. Historically, the Section 317 Report to Congress has been one important tool for updating the needs of the nation's immunization infrastructure at the local, state and federal levels.

Conclusions & Proposed Recommendations

Conclusion 2

- * Over the past years, appropriations for the Section 317 Program has not kept pace with the increasing demand. Estimates of the Section 317 funding necessary to assure a comprehensive immunization program at the state and national levels is a useful tool to fully inform policy and decision-makers. Historically, the Section 317 Report to Congress has been one important tool for updating the needs of the nation's immunization infrastructure at the local, state and federal levels.

Conclusions & Proposed Recommendations

Recommendation 2

- * CDC should present its professional judgment regarding the size and scope of the Section 317 Program necessary to support a comprehensive immunization program. This should include program operations at the federal, state, tribal and local levels, and vaccine purchase to provide a safety net and **timely response** to public health emergencies. CDC should present its professional judgment to NVAC annually at its June meeting for deliberation and discussion.

Recommendation 3

- * HHS should consider CDC's professional judgment for the Section 317 Program as an important input to its decision-making during the budget formulation process.

Conclusions & Proposed Recommendations

Conclusion 3

- * The highly decentralized and complex national immunization system is shaped by an increasing number of routinely recommended vaccines, changes in the healthcare delivery system, and reductions in federal immunization resources at the national and state levels. The need to sustain high levels of immunization coverage under these circumstances requires adapting immunization programs to operate in ways to meet these new challenges and opportunities.

Conclusions & Proposed Recommendations

Recommendation 4

- * NVAC recommends Federal, state, tribal and local public health should seek efficiency, and innovation to achieve Healthy People 2020 targets and ensure high immunization levels across all age spans. Examples of such efficiencies include, but are not limited to improved vaccine ordering, supply management, and storage and handling such as through the use of vaccine barcodes. Examples of innovation include, but are not limited to implementation and use of immunization information systems and electronic health records; **innovative communications strategies**; providing vaccines as an in-network provider for the receipt of vaccine in public health clinics; and expanding sites of vaccination such as schools, workplaces, and pharmacies.

NVAC supports current innovations in operations and encourages continued innovation. NVAC recommends HHS through NVPO hold a public meeting of experts to examine and explore contributions toward efficiency and innovation at state and local health departments.

Discussion – conclusions, recommendations, background report

* Proposed draft recommendations

- * Rec 1: Section 317 should be sustained
- * Rec 2: Presentation of CDC's professional judgment regarding size and scope of Section 317 to June NVAC annually for deliberation and discussion
- * Rec 3: HHS budget formulation process
- * Rec 4: Seeking efficiency and innovation; holding a public meeting to explore and examine best practices

Vote

- * Recommendation 1
- * Recommendation 2
- * Recommendation 3
- * Recommendation 4

Next Steps

- * Report forward and presented to Dr. Howard Koh, Assistant Secretary for Health and Director of the National Vaccine Program
- * Publication in Public Health Reports
 - * On-line: February 2013
 - * Print edition: March/April 2013